

5/005/0064
MC-2013-17-03

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

MC-2013-17-03

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

11/15/13

Sent To

BUTTERS REALTY & CONSTRUCTION

Street, Apt. No.,
or PO Box No.

760 N HARRISVILLE RD

City, State, ZIP+4

HARRISVILLE UT 84404

PS Form 3800, August 2006

See Reverse for Instructions

1. Article Addressed to:

KEVIN BUTTERS
CE BUTTERS REALTY & CONSTRUCTION
760 N HARRISVILLE RD
HARRISVILLE UT 84404

SECTION

Also complete
is desired.
ss on the reverse
ard to you.
of the mailpiece,

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kevin Butters*

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

11-16

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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BUTTERS MC-2103-17-03

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark

2. Article Number

(Transfer from service label)

7010 1670 0001 4810 3355

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BURL MALMBORG
523 W 4050 N
PLEASANT VIEW UT 84414-1027

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *BK Malmberg*

☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

11/16/13

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7010 1670 0001 4810 3362

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540